ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR STATE TAX AGENCY	
NAME OF COURT:	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
	
APPLICATION OF (Name):	
T.V. 7.V. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	
TAXPAYER/RESPOND	
NOTICE OF HEARING—EARNINGS WITHHOLDING ORDER FOR TA	XES CASE NUMBER:
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:
NAIVIE OF STATE TAX AGENCT.	WWW.GENOT HOMBER.
1. NOTICE TO	
a. Attorney for State Tax Agency (name and address): b. Taxpay	er (name and address):
	` <u> </u>
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2. A hearing on the Application for Earnings Withholding Order for Taxes will be hel	d as fallows:
2. A hearing on the Application for Lamings withholding Order for Taxes will be field	u as ioliows.
a. Date: Time: Dept.:	Div.: Room:
b. Address of court: same as noted above other (specify):	
CLERK'S CERTIFICATE OF MAILI	NG
I certify that I am not a party to this cause and that a true copy of the foregoing Notice	ce of Hearing was mailed inostage fully prepaid in a
sealed envelope addressed as shown in item 1 above, and this certificate was exec	
sealed envelope addressed as shown in item 1 above, and this certificate was exec	uteu on tuate). at tpiace).
, California.	
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Clerk, by	, Deputy
oloni, by _	, Doputy